

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/525214

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52			/	/		
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		0					59						
10		/					60						
11		/					61						
12		/					62						
13	/						63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	22	←	22	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	26		26				TOTAL CLAIMS						